



King County

FMLA/KCFML Leave Request Response

Instructions

- You (the leave-granting authority) must complete this form ASAP to respond to a Family Medical Leave Act (FMLA)/King County Family Medical leave (KCFML) leave request. Refer to FMLA/KCFML Leave Request form for information to help complete this form.
- When you've completed this form, provide copies to:
 - Employee (if leave has already begun, mail copy to employee's home address; if leave is denied, advise employee about leave of absence without pay option and provide employee with a Leave of Absence Without Pay Request form)
 - Your human resources representative
 - Benefits and Retirement Operations (when employee goes on unpaid status; mail copy via interoffice or U.S. Mail to Exchange Building EXC-ES-0300, 821 Second Ave., Seattle 98104-1598; mark envelope "confidential;" call 206-684-1556 for details).

Employee Requesting Leave

Name _____ Payroll ID or Soc Sec No _____

Bargaining unit (special provisions may apply):

☐ None ☐ Represented by _____

Key employee (see definition, request form page 4):

☐ No ☐ Yes

Eligible for leave under:

☐ FMLA ☐ KCFML ☐ Both

FMLA Leave Request

- ☐ Approved (comments) _____ For: ☐ Employee's own illness
- ☐ Provisionally approved (see Medical Certification section below) ☐ Employee's on-the-job injury
- ☐ Denied for reason checked below: ☐ Care of eligible family member per FMLA
- ☐ Has not been employed by county for at least 12 months
- ☐ Has not worked required hours in 12 months immediately preceding start of leave (required hours depend on regular work schedule)
- ☐ Has used all 12 weeks of FMLA entitlement in 12 months immediately preceding current leave request
- If employee works required hours, he/she could become eligible again for FMLA leave on (date) _____
- ☐ Ineligible under provisions of FMLA (explain) _____
- ☐ Other (explain) _____

KCFML Leave Request

- ☐ Approved (comments) _____ For: ☐ Employee's own illness
- ☐ Provisionally approved (see Medical Certification section below) ☐ Employee's on-the-job injury
- ☐ Denied for reason checked below: ☐ Care of eligible family member per KCFML
- ☐ Is member of collective bargaining unit that has not adopted KCFML
- ☐ Has not been employed by the county for at least 12 months
- ☐ Has not worked required hours in 12 months immediately preceding start of leave (required hours depend on regular work schedule)
- ☐ Has used all 18 weeks of KCFML entitlement in 12 months immediately preceding current leave request
- If employee works required hours, he/she could become eligible again for KCFML leave on (date) _____
- ☐ Ineligible under provisions of KCFML (explain) _____
- ☐ Other (explain) _____

Medical Certification

- ☐ Medical Certification form submitted (date) _____ and is sufficient
- ☐ Medical Certification form not yet received; employee must provide form by (date) _____ *
- ☐ Medical Certification form submitted (date) _____ is insufficient;
- the employee must resubmit a Medical Certification form by (date) _____ * (form is attached – see highlighted areas of form and comments below for the additional information that's required)
- ☐ Employee must submit additional Medical Certification forms (indicate frequency) _____ *
- ☐ Second medical certification by another health care provider is required; second certification will be paid by the county

* If medical certification not submitted as required, start of leave may be delayed (if employee already absent from work, leave may not be treated as approved FMLA/KCFML). Employee subject to recertification every 30 days while on FMLA/KCFML.

Accruals and Entitlements

As of (date) _____ the employee has these hours of accrued and other paid leave:

_____ Sick leave _____ Vacation/benefit time _____ Compensatory time _____ Executive leave
_____ Other (describe) _____

By employee's initials with date, employee has elected to:

- ☐ Go on unpaid leave for qualified family reason _____
☐ Use accrued sick leave for qualified family reason _____
☐ No ☐ Yes → Reserve up to 80 hours of accrued sick leave
(if "yes," indicate hours with initials and date) . . . _____
☐ Use accrued vacation for qualified family reason _____
Vacation use approved by (authorizing signature and date) _____
If vacation use denied, reason _____

In the 12 months prior to the leave start date indicated on Leave Request Form, employee has used:

_____ weeks of 12-week FMLA entitlement and has ☐ _____ weeks remaining ☐ 0 weeks left/FMLA doesn't apply
_____ weeks of 18-week KCFML entitlement and has ☐ _____ weeks remaining ☐ 0 weeks left/ KCFML doesn't apply

Key Dates

- Complete dates for FMLA/KCFML as approved/applicable based on employee elections and entitlements.
- KCFML, if approved, begins the first work day after employee exhausts own sick and vacation leave; donated leave runs concurrently with KCFML and maintains benefit coverage employee has during FMLA/KCFML; if leave extends beyond FMLA/KCFML entitlement, employee may pay to continue health benefits under COBRA (refer to the FMLA/KCFML Leave Request form for more details).

_____ Employee's last day at work
_____ FMLA begins (first workday after employee's last day at work)
_____ FMLA ends (12 or less work weeks after FMLA begins, based on employee's entitlement)
_____ KCFML begins (first work day after employee exhausts own sick and vacation leave per elections)
_____ KCFML ends (18 or less work weeks after KCFML begins, based on employee's entitlement)
_____ Donated leave begins (if applicable)
_____ Donated leave ends (if applicable)
_____ Employee's anticipated return to work

Additional Employee Responsibilities

- Employee must notify leave-granting authority if and when circumstances of leave change.
- Employee must notify leave-granting authority at least two days before date employee intends to return to work.
- Failure to notify or provide medical certification and releases as required may affect employee's employment status and right to return to work.
- For more information, employee may contact his/her human resources representative _____

Leave-Granting Authorization

I am authorized to approve FMLA/KCFML. I will provide copies of this completed form to the employee and Benefits and Retirement Operations, and notify both if and when there are changes to the circumstances of the leave.

Signature _____ Date signed _____
Printed name _____ Mail stop _____
Department/work group _____ KC No _____
Contact phone(_____) _____ Date copies sent _____

☐ Employee copy ☐ Human resources representative copy ☐ Benefits and Retirement Operations copy